

CASE OF
CIRRHOSIS OF THE LIVER, WITH ASCITES;

SUTURE OF THE OMENTUM TO THE ABDOMINAL WALL;
NON-RECURRENCE OF THE ASCITES AFTER TWO YEARS.

BY
HENRY M. FISHER, M.D.,
AND
W. W. KEEN, M.D.



*From the Transactions of the
College of Physicians of Philadelphia,
1903.*



CASE OF CIRRHOSIS OF THE LIVER, WITH ASCITES;
SUTURE OF THE OMENTUM TO THE ABDOM-
INAL WALL; NON-RECURRENCE OF THE
ASCITES AFTER TWO YEARS.¹

BY HENRY M. FISHER, M.D.,

AND

W. W. KEEN, M.D.

THE following case is put on record for the reason that this method of treatment is now upon trial, and every successful or unsuccessful case should be reported:

MEDICAL HISTORY BY DR. FISHER.

On December 31, 1900, I was called to see Antonio E., aged thirty years, an Italian fruit dealer. In Italy, for a number of years, he had been in the habit of drinking wine to excess, and since he came to America, seven or eight months ago, he had added the habit of drinking raw spirits in the morning. He had for some months suffered from various digestive disturbances, nausea, and occasionally vomiting and irregular action of the bowels.

In September, 1900, three months before I first saw him, he had an attack of severe pain in the epigastric region, lasting for several hours and accompanied by profuse diarrhœa. Following the subsidence of this pain slight swelling of the abdomen was noticed for the first time. This disappeared, however, in a few days. Two nights before my visit, December 29, 1900, he had suffered from another unusually severe attack of vomiting, and the day before had vomited a considerable amount of blood, chiefly dark in color and in clots. Later in the day and during the night he had numerous tarry stools. After this the discharge of blood by vomiting and by the rectum ceased. He was quite pale, and there were some fine

¹ Read April 1, 1903.

moist râles over the base of his right lung. His spleen was considerably enlarged. His heart sounds were clear; his urine was not albuminous.

He was given some subgallate of bismuth, peptonized milk, and beef juice. As no stool had occurred by January 1st, Carlsbad salts was ordered. On January 4th distinct ascites was noted for the first time. There was also much meteorism, the liver was markedly contracted, and the splenic enlargement still greater. The urine was normal.

Two or three days later he was tapped on account of the rapidly increasing ascites. Two gallons of clear serum were removed. On February 12th he was tapped a second time and three gallons of fluid removed. He had never had jaundice.

SURGICAL REPORT BY DR. KEEN.

On February 24, 1901, at the request of Dr. Fisher, the patient was admitted to the Jefferson Medical College Hospital. On admission there was great ascites, he was extremely weak, his appetite was fair, tongue clean, bowels regular, heart and lungs normal. His usual weight is 152 pounds; present weight, 164½ pounds. His urine was turbid, sp. gr. 1028, acid reaction, no albumin or sugar, urea 2.4 per cent. By the microscope there were found amorphous urates, a few leukocytes, but neither crystals, pus, blood nor casts.

Operation, February 27, 1901. An incision in the middle line half-way between the umbilicus and the ensiform gave exit to perhaps two gallons of fluid. I introduced my hand into the abdominal cavity, and determined, first, that the spleen was greatly enlarged; secondly, the liver was greatly shrunken, to at least one-half of its natural size; the omentum was shrunken, but there was no evidence of malignant disease. I then introduced a large gauze sponge and with it scrubbed the upper surface of the liver and the under surface of the diaphragm; then I treated the spleen and its corresponding parietal peritoneum in a similar manner; then the anterior surface of the omentum and the corresponding belly wall. I next passed celluloid thread sutures, two on each side of the opening, through the omentum and the internal surface of the abdominal wall, drawing the omentum tight against the belly wall by these four sutures. The operative incision was then closed by silkworm-gut sutures, four of which caught the omentum as additional security.

On the day after the operation his temperature rose to 102°, but reached the normal by gradual descent at the end of five days. He had to be tapped again on March 8th, when one and one-half gallons of fluid were removed. From March 10th to 18th his abdominal girth increased from 38 to 41 inches; on March 22d three gallons of fluid were removed, and on April 1st three gallons more. It is worthy of note that the early return of the ascites, requiring tapping nine days after the operation, did not prevent firm closure of the abdominal wound.

As he was very anxious to go home for Easter, I allowed him to leave the hospital on April 4th, with a normal temperature and with only a moderately distended abdomen.

LATER HISTORY BY DR. FISHER.

After leaving the hospital he consulted another physician, who informed me that frequent tapplings were necessary—about once in two weeks. Later he was lost sight of for several months. I saw him again in the autumn of 1902, and learned there had been no reaccumulation of the fluid and no necessity for tapping, therefore, for over a year—that is to say, since August 1, 1901.

His color has improved and he is out and attending to his fruit business. The spleen, however, has increased considerably in size and now reaches nearly to the crest of the ilium. He also has some discomfort in the splenic region. He is still troubled by flatulent dyspepsia and eats but little, owing to his dread of painful distention after eating.

